

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>GUINN, KENDALL</b>	COURT CASE <b>04-1529</b>
DEFENDANT <b>WARDEN RICK KEARNEY</b>	TYPE OF PROCESS <b>OIC KAJ</b>
SERVE <b>→</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>ATT'Y GEN'L M. JANE BRADY</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Carvel State Building 820 N. French Street Wilmington, DE 19801</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	U.S. DISTRICT COURT DISTRICT OF DELAWARE 03
<b>Kendall Guinn</b> <b>Sussex Correctional Institution</b> <b>Rd 1 P.O. Box 500</b> <b>Georgetown, Delaware 19947</b>	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

**Pauper case**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**Kendall Guinn****2-10-2005****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk <b>BF</b>	Date <b>5-10-05</b>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Malcolm Cobin - State Solicitor**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

**5/17/05 1410**

Signature of U.S. Marshal or Deputy

**[Signature]**

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: